



APPLICATION FOR FUNERAL DIRECTOR INTERN LICENSE

State Form 28138 (R4 / 4-03)

Approved by State Board of Accounts 2003

State Board of Funeral and Cemetery Service
302 West Washington Street, Room E034
Indianapolis, Indiana 46204
(317)-232-2980
www.in.gov/pla

FEE: \$25.00

Examination date	Examination results
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Name of applicant	
Address (number and street, city, state, ZIP code)	
Social Security number *	* Your Social Security number is requested as stated in IC 4-1-8-1; disclosure is mandatory. The number will be released to the Department of Revenue.

I, _____ hereby verify that:

Name of applicant

1. Have you been convicted of an act that would constitute a ground for disciplinary sanction under IC 25-15-8; or a crime that has a direct bearing on ability to practice competently? ☐ Yes ☐ No If yes, please attach supporting documentation relevant to the conviction.

2. I have graduated from an accredited high school and I am enclosing a certified copy of my diploma; and

3. I have successfully completed either (*check applicable alternative*):

☐ (A) (i) thirty (30) semester hours of forty-five (45) quarter hours of college level work in a regionally accredited institution of higher education that includes course work in the subjects of English, Humanities, Science, Business, and other electives that apply toward a baccalaureate degree from the institution; and

(ii) four (4) academic quarters or its equivalent in an accredited college, school, or department of mortuary science approved by the board. (*Certified copies of the transcripts verifying the courses and grades completed must be enclosed.*)

☐ (B) A twenty-one (21) month program in an accredited college, school, or department of mortuary science approved by the board. (*A letter of certification of graduation from the institution must be enclosed.*)

4. I have attached a certification attesting to my passage of the funeral service intern examination required by the funeral and cemetery service board.

Examination date	Examination score
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5. I cannot engage in the practice of funeral service as defined by IC 25-15-2-22 unless I am under the direct supervision of a funeral director licensed by the Indiana State Board of Funeral and Cemetery Service and that my funeral director intern license will expire two (2) years from the date issuance.

6. I am acting as the agent for the _____ Funeral
Name of funeral home

Home located at _____
Number, street, city, state, ZIP code and county

where I will be performing services as a funeral director intern. I acknowledge that I will notify the State Board of Funeral and Cemetery Service of any change of funeral home where I will be acting as a funeral director intern.

(Continued on the reverse side)

PHOTO

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____ having been duly sworn on oath, say that I am the
above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires